



Medical Marijuana Program  
Application/Renewal Form  
This application is for: **Registered Dispensary**



John E. Baldacci, Governor

Department of Health  
and Human Services

Maine People Living  
Safe, Healthy and Productive Lives

Brenda M. Harvey, Commissioner

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### Section 1 IDENTIFICATION INFORMATION

Legal Name of Dispensary

Charter Number

Date of Incorporation

Business Location

(street)

(city, state, zip code)

Telephone: (207) -

Mailing Address

(city, state, zip code)

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### Section 2 ORGANIZATIONAL INFORMATION

Name of Chief Executive Officer

Telephone number if different than above

(207 ) -

Mailing Address, if different than above

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Schedule A, Board of Directors and Officers

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Schedule B, Employees

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Schedule C, Bylaws of the Non-Profit Corporation

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Schedule D, Location of Grow Site, if different than Location of Dispensary

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Schedule E, Policies and Procedures

Schedule E-1: Personnel

Schedule E-2: Growing and Cultivataion

Schedule E-3: Inventory Control

Schedule E-4: Food Preparation

Schedule E-5: Quality Control

Schedule E-6: Copies of Educational Materials

Schedule E-7: Critical Incident Reporting

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### Section 3 DISPENSARY INFORMATION

Distance to the property line of preexisting public or private school: (must be more than 500 feet):

Description of food products to be sold or furnished, if any:

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Description of grounds and exterior lighting:

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Description of intrusion monitoring system:

Attn: Medical Marijuana Program  
DHHS Division of Licensing and Regulatory Services  
11 State House Station  
Augusta, ME 04333  
Description of interior monitoring and safety features:



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Location of growing site:

Provide the names of patients you have identified at this time who plan to designate you as their dispensary: (use additional pages, if necessary)

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**Declaration: I understand and acknowledge my duties and responsibilities as chief executive officer to patients and primary caregivers in accordance with the provisions of the Maine Medical Use of Marijuana Act. I understand that my board members, officers and employees may not have disqualifying drug offenses. I will notify the Department of Health and Human Services promptly and return the registration cards when there has been a change in status of a registry card holder. I declare under penalty of perjury that the information provided on this form is true and correct. I certify that I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes. I agree to allow my facility to be inspected by representatives of the Maine Department of Health and Human Services. I agree to provide soil and product samples to representatives of the Maine Department of Health and Human Services for testing pursuant to the rules governing Maine's Medical Use of Marijuana Program. I further agree I will report sales for sales tax purposes related to the sale of marijuana and related product.**

\_\_\_\_\_  
Printed name of Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Executive Officer

This application shall be accompanied by a non-refundable check made payable to the Treasurer, State of Maine. This application will not be accepted as complete unless all Exhibits are attached. Please mail to:

Attn: Medical Use of Marijuana Program  
Department of Health and Human Services  
Division of Licensing and Regulatory Services  
11 State House Station  
Augusta, ME 04333

To check on the status of your application, call (207) 287-9300

Attn: Medical Marijuana Program  
DHHS Division of Licensing and Regulatory Services  
11 State House Station  
Augusta, ME 04333



*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*

Name and Home Address

Title

Driver License  
#

Date of Birth

	Start Up Year 7/1/10 to 6/30/11	First Full Fiscal Year 7/1/11 to 6/30/12	Second Full Fiscal Year 7/1/12 to 6/30/13
<b>Revenue:</b>			
Marijuana sales (in any form) to registered patients and registered caregivers			
Paraphernalia sales			
Other sales			
Other Income			
<b>Total Revenue</b>			
<b>Expenses:</b>			
Payroll, taxes and fringe benefits			
Cultivation			
Supplies			
Office Expenses			
Utilities			
Insurance			
Interest			
Depreciation/Amortization			
Leasehold Expenses			
Rent			
Bad Debt			
<b>Total Expenses:</b>			
<b>Net:</b>			
<b>Personnel Categories</b>	<b># of FTE's</b>		
Administration			
Sales			
Cultivation			
<b>Number of Patients:</b>			
<b>Estimated Price/Ounce</b>			